

II. SUPERVISION.

A. Supervisory Arrangements:

Describe the relationship of, and access to, your Primary Supervising Physician (PSP). Provide an explanation, and describe the methodology for chart review.

B. Coverage:

Provide a description of supervision when your primary supervising physician is not available.

C. Will you be performing medical care tasks, which are outside the normal practice of your Primary Supervising Physician?

____ YES ____ NO

If yes, define and identify the supervisory arrangements that have been delegated by your Primary Supervising Physician to assure appropriately trained supervision.

III. PERFORMANCE EVALUATION.

The mechanisms and process of the evaluation of your medical care shall include at least two documented meetings a year with your PSP during your two-year licensing cycle, evidence of all four meetings which shall be included on the documentation form (page 4). Semiannual meeting reviews must be signed by the PSP and PA and the information must be kept by the PA. A PMP* report shall be generated, and elements of that report shall be discussed and documented. The PA may print off his or her own PMP* profile for review.

Each Semi-annual evaluation shall address the following areas:

- A. Clinical and Procedural Care Delivery
- B. Patient Relations and Professionalism;
- C. Documentation Review. It is recommended that a representative sample of patient charts be reviewed on a routine basis.
- D. Prescriptive Practices. Special attention shall be devoted to the prescribing of controlled substances including a review of PMP* reports.
(*Prescription Monitoring Program - www.maine.gov/pmp).

The Plan of Supervision (POS) with the updated Section VI Performance Review Attestation sheet shall be made available upon BOLIM request as well as being submitted at the time of each initial and renewal licensure request.

IV. SECONDARY SUPERVISION

A copy of the Secondary supervising Physicians' signature page or a reasonable substitute must be kept on file at the practice with this Plan of Supervision (See page 5).

V. ATTESTATION

We have reviewed and agreed to the content of this form.

Physician Assistant Name	License number	Signature	Date Signed
_____	_____	_____	_____

Primary Supervising Physician	License number	Signature	Date Signed
_____	_____	_____	_____

VI. PERFORMANCE REVIEW DOCUMENTATION

Please explain when you started with this provider. All renewal license applications shall have all 4 signature lines completed for the two-year license period, unless you have been recently initially licensed and the timing of your birth month and year result in a license renewal occurring in other than the usual two-year cycle.

DATE THIS SUPERVISORY RELATIONSHIP BEGAN: _____

SEMIANNUAL REVIEW

Date reviewed _____ PA signature _____ PSP signature _____

ANNUAL REVIEW

Date reviewed _____ PA signature _____ PSP signature _____

SEMIANNUAL REVIEW

Date reviewed _____ PA signature _____ PSP signature _____

ANNUAL REVIEW

Date reviewed _____ PA signature _____ PSP signature _____

STATUTORY AUTHORITY: 32 M.R.S.A. § 3269(7) and 3270-A, B and C.
Effective date:

This document, or a reasonable substitute, must be maintained at the PA's place of practice.

The attached Plan of Supervision for _____ has been reviewed and agreed to by the following secondary supervising physicians:

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

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